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Complete if Known Substitute for form 1449/PTO **Application Number** 10/560,550 Filing Date INFORMATION DISCLOSURE First Named Inventor STATEMENT BY APPLICANT Art Unit 3662 (Use as many sheets as necessary) **Examiner Name** Attorney Docket Number -007.173 Sheet of

**U. S. PATENT DOCUMENTS** Cite Examiner **Document Number Publication Date** Name of Patentee or Pages, Columns, Lines, Where Initials\* No. MM-DD-YYYY Applicant of Cited Document Relevant Passages or Relevant Number-Kind Code<sup>2</sup> (# known) Figures Appear US-Kenwortho 11-25-1997 บร US บร-US-US-USus-US-US-US-US-US-115-US-US-US-US-US-

		FORE	IGN PATENT DOCUM	MENTS		
Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code <sup>3</sup> Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		Or Relevant Figures Appear	
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